L. S. MATTHEWS & CO.
MEDICAL BOOKS
2623 OLIVE ST. ST. LOUIS.

BOSTON
MEDICAL LIBRARY
8 THE FENWAY

Digitized by the Internet Archive
in 2012 with funding from
Open Knowledge Commons and Harvard Medical School

http://www.archive.org/details/businessmethodso00albr

BUSINESS METHODS of SPECIALISTS

Or How the Advertising Doctor Succeeds

An Exposition of the Inside Workings of the Complicated Structure the Advertising Specialist Has Built About Himself, the Doors of Which are Seldom Open to the Professional Investigator

By

JACOB DISSINGER ALBRIGHT, M.D.

Editor of "Albright's Office Practitioner," a Monthly Journal Devoted to Office Practice, and Author of "The General Practitioner as a Specialist," a Treatise on Legitimate Medical Specialties.

Published by the Author
3228 NORTH BROAD STREET
Philadelphia, Pa., U. S. A.

BOSTON MEDICAL
JUN - 1931
LIBRARY

6. M. 14

Copyright 1907, by
J. D. ALBRIGHT, M.D.
All Rights Reserved

FOREWORD.

WHETHER the result has justified the effort or not, it is true that this little work represents an amount of real, hard labor, out of all proportion to its size, being the essence of a large correspondence on the subject and the result of considerable personal investigation.

Several years ago a series of editorials on this subject appeared in The Office Practitioner, at which time I was somewhat misunderstood by one or two "esteemed contemporaries," and it was suggested that possibly my views on the subject of advertising by physicians were not in full harmony with the teachings of the code of ethics.

The thought that I might perhaps be less misunderstood by a more complete discussion of the subject is in part responsible for this more extended effort, and the many requests for re-publication from physicians who were unable to obtain the entire series of editorials must assume the balance.

The reader should bear in mind that, barring occasional comments, the subject is treated from an entirely impersonal standpoint, in so far as it is possible to eliminate personality from a matter of this nature.

My aim has been to give publicity to the methods and procedures of the advertising specialist, apart from any consideration of the question of ethics, in the belief that the spreading of information of this character will interest and benefit those of the profession into whose hands it may come. That such may be the result is my earnest wish.

THE AUTHOR.

BOSTON MEDICAL
JUN - 8 1931
LIBRARY

INTRODUCTORY.

THE term "Medical Specialist" has been said to apply to a physician who knows something about every disease, and everything about some disease, and yet, if this were literally true, it is apparent that one could count on the fingers of one hand the few who might possibly be found deserving of the title.

More original, more accurate and less open to criticism is this definition: A Specialist is a physician who has acquired a thorough knowledge of a certain disease, or a class of diseases, and has the necessary ambition and ability to apply his knowledge correctly, skilfully and consequently successfully. Close study, careful observation, deliberate consideration, proper facilities, honest work and a large experience are the essentials that contribute to true success in special practice.

Unfortunately the majority of advertising specialists depend on vastly different qualifications as the basis of their success.

In the following pages the several types of advertising specialists, as they are found in all sections of

our country, will be mentioned, and their methods, both honest and dishonest, fully detailed. Much information will be found which will interest those who have often been puzzled at the apparent success of advertising physicians and are anxious to know all there is to be known in regard to their secrets and their methods, how they obtain their patients, how they get the large fees, how they hold them from month to month and how they cure them, or at least appear to send them on their way satisfied. Information of this sort has never been proclaimed from the housetops, and a considerable portion of the contents of this little volume has heretofore been as a sealed book.

Many methods are employed by dishonest specialists that are detrimental and injurious to their patients and an everlasting disgrace to the profession of medicine, and yet they often contain elements of value which in proper hands can be turned to the mutual advantage of both patient and physician.

A thorough knowledge of the methods of advertising specialists will often permit the physician to convince prospective patients of the fallacy of certain of their claims, the absence of any special advantage to be gained by placing themselves

under their care, and enable him to employ the same or similar methods whenever they are worthy of recognition and adoption.

Let the reader bear in mind that not all advertising physicians are dishonest. The fact that a physician does not subscribe to the "code" is not in itself evidence of fraud. Many of those who delight in being termed ethical are guilty of much that would not bear the limelight of an energetic investigating committee, yet they are quick to question the honesty and condemn the practices of a successful advertising physician, who may be honest and trustworthy, and who owes his prosperity to the incorporation of good business principles with therapeutics.

We should learn to distinguish between the honest advertiser—one, perhaps, whose only sin(?) is that he advertises—and the one who combines fake methods and chicanery with his publicity and deludes the public and swindles the sick.

During the past seven years, incidental to the publication and sale of the several editions of "The General Practitioner as a Specialist" and as editor of "The Office Practitioner," the author has been in correspondence with thousands of physicians, and from the large number of requests that have

been received for information and advice relative to the advisability of entering the field of special work, it is evident that the desire to discontinue the laborious work of general practice sooner or later comes to a very large percentage of physicians. Many of these apparently imagine that special practice is the royal road to success and wealth; that roses enter very largely into the component parts of the bed of the specialist, and urgently solicit instructions and directions for a successful journey along this route.

In order that the subject may be treated systematically and intelligently, the different methods of the various types of specialists will be considered, placing the advantages and disadvantages in the same light, thereby enabling those interested to weigh the matter in the balance of reason and to decide for themselves the question that has puzzled so many, and which has been successfully solved by comparatively few.

The ultimate object of this work is to aid the reader in his office work, the business end of it; and while not all that is detailed here may be worthy of acceptance as a guide, certainly not all recommended as such, the entire ground has been covered. Bear in mind that the purest gem may

sometimes be found in the dirtiest scrap heap. That which is not useful, that which may not have any element of value in itself, may be the means of suggesting something that is useful and applicable to the methods of the honest practitioner. If not, it may at least be interesting, as to know the enemy's plan is often half the victory.

J. D. ALBRIGHT, M.D.

August 1, 1907.

Note: In order that the reader may have a clear conception of the purpose for which this little work was written, it is urged that the Foreword and Introductory be read before beginning the subject matter.

CHAPTER I.

THE ADVERTISING SPECIALIST.

A PHYSICIAN may be said to belong to this class of specialists if he uses, in order to attract patients to his office, any public print whatever. This refers to the use of newspapers, magazines, booklets, pamphlets, calendars or cards which bear more than his name, address and office hours, intended to be circulated among the laity.

In certain localities there seems to be considerable laxity in the interpretation of the "code of ethics," and as a consequence physicians who are considered in good standing in medical societies, and even occupy official positions therein, are allowed to use the local papers to the extent of mentioning their specialty, in addition to name, address and office hours. This is, however, not the usual custom in the larger cities, and is seldom found except in the large towns and small cities by a sort of mutual consent.

However, an advertising specialist is usually understood to be one who uses more or less space in the newspapers or distributes booklets or other advertising matter setting forth his specialties, referring to his exceptional skill and ability, and in many instances promising and guaranteeing cures when such a result is, to say the least, doubtful. It is to this class of physicians that this chapter more particularly pertains.

The first requisites to a successful career in the advertising medical business are not, as some might suppose, profound knowledge, exceptional diagnostic ability and a high degree of skill in the treatment of disease, but, on the contrary, good, sound business ability and a thorough knowledge of human nature first, last and all the time. No matter how great one's skill, how keen the diagnostic sense or how great the store of acquired medical knowledge, all are absolutely secondary to business qualifications, and without the latter flat failure will inevitably result.

A man with good sense, sound judgment, a magnetic personality, good personal appearance and but a fair medical education will attain a degree of Financial success far greater than when the reverse is true, and Professional success, so often due to

psychological influence, is a surprisingly frequent result as well. A happy combination of business sense, a liberal medical education and training, with the necessary tact to demonstrate them, is usually the secret of the great successes advertising physicians sometimes make, instances of which have been recorded by the press and personally observed by most physicians.

Some time ago the following query was published in a certain medical journal, "Why does the public prefer the quack to the regular physician?" and the gist of the reply was to the effect that the public loves mystery and enjoys being humbugged.

This appears to be an error. Mystery may attract and to a certain extent may charm for a while, but the public does not enjoy being duped, and all advertising physicians who are abreast of the times have learned this long ago. However complete the deception practiced by some of them may be, every effort is made to prevent the patient from becoming acquainted with the facts. All of them recognize that a patient satisfied is a patient benefited.

The term "quack," which authorities on our language define as "an ignorant pretender," is not usually applicable to the modern advertising specialist, for those who have made sufficient headway

against the turbulent tide they have encountered to attract attention or become known in their community, will usually be found to possess the average professional attainments of medical men, more than the average amount of business tact and, as a matter of course, have complied with the State laws as well. Taking these truths at their par value, the term "quack" as previously defined cannot apply to the advertising specialist any more than he could be considered in the same class with the non-medical itinerant "cancer doctor," the "yarb doctor" or the street faker who sells a "wonderful discovery" on the street corner in winter and barks for a circus during the summer.

Returning, however, to the question, as we will now put it, "Why does the public prefer the irregular physician?" the answer is, It Does Not, unless it can obtain from him something which cannot be obtained from the regular, and right here lies the whole solution to this question. Take, for example, any town in which the regular physicians are progressive, up-to-date, well posted on human nature and as well on human ailments, able to treat hernia or hemorrhoids by injection, cure a fissure or a fistula without the loss of blood, without pain and without anesthesia, ligate a varicocele, not only tap

but cure a hydrocele, alleviate the sufferings of women afflicted with diseases peculiar to their sex without removing a pound of flesh, and in that town the advertising specialist will make a short stay.

Why is it that we have no advertising specialists treating pneumonia, diphtheria, smallpox or scarlet fever? Is it not for the simple reason that the family physician is posted along these lines and is prepared to give his patients the best there is in the way of treatment? Just think this point over.

Let this statement be analyzed and illustrated. Enter patient with a hernia, recent, small and comparatively insignificant. Doctor looks it over hurriedly and advises patient to "go see the druggist and get a truss," telling patient that it will heal up by and by, but that if it does not an operation will be required. Time rolls on and the hernia does not disappear; patient is very tired of it and is much annoyed by the truss he is compelled to wear, probably because it does not fit him and never did, but as he fears a surgical operation he "takes his medicine."

Some fine day a "Hernia Specialist" locates in that town and announces promptly that he cures hernia without the use of the knife, without pain,

without detention from business, in six weeks' time, and at a moderate cost. Our unfortunate, misinformed and misfitted patient hears the news and takes the shortest route to the office of the specialist, takes his advice, submits to his painless injections, and in due time is cured and "throws his truss away." Need any one inquire why this patient prefers the irregular physician?

The same analogy might be drawn in the case of hemorrhoids where an operation is the only hope that is held out to the patient, and, dreading this, he suffers under all sorts of "palliative" treatment until he is directed to the care of a rectal specialist, who cures him quickly, pleasantly and permanently.

Those of the profession who have learned that varicocele and impotence do not exist in the brain, but look for it in a more likely portion of the anatomy of their patient, have made one long step toward successful treatment, and by means of the proper remedies and other agents of therapeutic value achieve far better results than they who follow the advice of those who have sadly missed their calling and attempt to alleviate these conditions by instillations of essence of morality, short sermons and more or less advice supposed to be good and applicable.

The attitude of the regular profession toward conditions of this character, treating lightly the statements which patients make in all sincerity, and ascribing to the imagination or a perverted instinct that which exists in demonstrable reality, is continually furnishing abundant clinical material for the advertising specialist, and all talk of eliminating him by legislation is infinitely futile. When the profession arouses from its lethargy and treats all diseases with the same consideration that the ordinary maladies are now treated, legislation will be entirely unnecessary.

For the purpose of impressing the public with his skill and exceptional ability, printed matter of various kinds is the advertising specialist's chief reliance. Many of those who enter his office do so only after having read many times the advertising matter sent out, often, however, merely out of curiosity and without serious intention of beginning treatment, but for the purpose of satisfying their desire to have a talk with the doctor, created by the ever-present invitation, "Consultation and Examination Free."

Advertising matter that brings people into the office of the advertiser, regardless of their intentions, has accomplished the purpose for which it

was distributed. The primary impression is made, and if the physician in charge is a good "case taker," it is not a question of whether he will "book the case," but rather of how much cash he will induce the patient to surrender.

Many physicians of this class make the statement in private that they will use any means whatever, hold out every possible inducement and make all sorts of promises in order to induce people in need of medical treatment to step into their office, after which, if the patient is "booked," he will be treated conscientiously and, if possible, successfully. They argue that the end justifies the means, and no doubt their cured patients, at least, will agree with them.

During the last decade a distinctly high grade of advertising medical specialists has been developed. They employ business sense of the highest type, a degree of tact that would win in any sphere, and originate and distribute advertising matter that compels admiration and cannot fail to inspire confidence in the mind of any one who realizes that an abnormal condition exists in his anatomy.

In many circles the opinion prevails that the patients of the irregular practitioner are drawn principally from the ignorant and lower classes, and

that the more intelligent public is above the power of their influence. That this is an error is easily demonstrated by a glance at the advertising matter of the high-grade specialist. Their advertisements occupy half pages in the high-priced magazines, where the rates are from two hundred to five hundred dollars per page for a single issue, and they make their appeal especially to the business man, the lawyer, the teacher and the clergy, by clever examples of ad-writing and follow up inquiries with stationery and booklets that would delight a connoisseur.

The well-appointed offices of these men and their persistence in advertising proves beyond question that they are successful, and also that the better class of people patronize them.

CHAPTER II.

BOOKING THE CASE.

THIS is a term peculiar to the advertising specialist and refers to the process employed by the doctor in his efforts to convince the prospective patient that his sojourn on this mundane sphere will be lengthy or brief, according to the alacrity with which he decides the question as to whether he will take treatment or not. If the interview ends with a contract for treatment, with a deposit of cash on account, the doctor has succeeded in "booking the case."

When a person decides to consult the advertising specialist and reaches the more or less pretentious consultation room, he is usually allowed to state his condition in his own words, without interruption. Careful attention is given to all that is said, and subsequently some of the more important points are referred to and discussed.

Several symptoms that the patient mentions are usually mentally noted by the doctor, and after he is through talking and has forgotten much of what he has said on account of embarrassment, the doctor

knowingly informs him that he has discovered the trouble, and that he needs but a few confirmations to decide the matter definitely. He then proceeds to say that if his diagnosis is correct the patient would have well-defined symptoms of a certain character and names these just referred to as having been mentally noted, thereby impressing the patient with the thought that he is a careful observer, a shrewd diagnostician and thoroughly understands the existing condition.

Diseases, whether actually present or not, are always magnified and their seriousness and danger forcibly brought to the notice of the patient, always coupled with the assurance, however, that relief and cure may still be obtained if prompt and proper treatment is at once instituted.

This will usually lead to the discussion of the terms under which treatment can be obtained, and here again the business acumen of the physician comes into prominence. It is comparatively easy to interest a patient sufficiently to make him eager to place himself under the care of a physician for treatment, but an entirely different proposition to make him willing to part with a good round sum for this privilege.

The matter of terms is usually left for the last consideration, and should terms be made the subject of a leading question by the patient in the early part of the interview, it is adroitly ignored and the reply reserved for the proper moment. The mere mention of a moderate fee before the patient is sufficiently interested to properly value the services he proposes to enlist frequently acts as a wet blanket and further negotiations are declared off.

When the terms of treatment are not advertised, and usually they are not, each patient is considered as being in a class by himself, and the alert, observing specialist, experienced in this phase of the subject, can with very few exceptions accurately gauge each person's ability to pay, and in a fair percentage of instances obtain every cent he asks for.

The ability to determine with a fair degree of accuracy the amount of money a patient can afford to pay is considered a valuable asset of the advertising physician. To be able to name a certain sum that is known to be within the means of the patient, and adhere to it, impresses him more favorably than any evidence of a sliding scale of prices, and the physician is therefore desirous of naming terms that will not be beyond the patient's resources, nor, in fact, much below them.

Various methods are employed to arrive at the proper conclusions on this point.

First, the general appearance of the patient is noted. The style and grade of his clothing will readily give a valuable clew as to his apparent standing in society; the appearance of his skin and condition of his hands will enable one to determine whether he is accustomed to rough work and possibly small wages, or whether his occupation is one that does not leave its mark in the manner indicated. During the conversation casual inquiry is made as to his address, the street or locality in which he resides, thus being able to form a partial opinion as to his probable income. At the mention of some particular symptom, as, for instance, pain in the region of the kidneys, the physician will suddenly inquire in reference to his occupation, as though that might be responsible for the pain, thus gaining additional information along financial lines. Inquiry is also made whether it has been necessary for him to lose any time from his work, and, if so, how much, thereby gaining information that will assist in estimating the present condition of his purse, possibly more or less attenuated if an enforced vacation is in progress. There is usually some symptom that can be ascribed to the sexual portion

of the anatomy, and while on this subject inquiry is made as to his sexual power, if married, whether he has recently had children, and the total number and their ages. This is all very readily taken by the patient as evidence of a desire on the doctor's part to know his family history and assist in the diagnosis, and never imagines that he is enabling him to estimate his monthly expenses with surprising accuracy. Various observations along this line are made and the terms accordingly determined.

As a general rule, terms are quoted as high as the "traffic will bear," on the assumption that the patient prefers to know just what the entire cost of a course of treatment will be. Should this not prove to be the case, the terms are changed to monthly payments, usually adding slightly to the total in view of this concession (?).

Should the prospective patient refuse to agree to the terms specified, various methods are employed to convince him of the exceptional value of the services he would receive; the risk he incurs by neglecting his condition, which is naturally serious and daily becoming more so, is graphically pointed out to him, not even omitting a comparison between the fee mentioned and the cost of a modest funeral.

Then, again, a little flattery is often the means by which objection to terms is overcome, a favorite form being to credit the prospective patient with a superior degree of intelligence, telling him that a person of his intellectual attainments cannot fail to appreciate the value of skilled labor in comparison to work done by pick and shovel, and drawing a similar line in comparing the ability of a skilled specialist with that of the ordinary (?) practitioner. He is told that health is cheap at any cost, and that disease is a most expensive luxury, figuring it at the income a man in good health can earn, and adding it to the expense incident to illness.

In estimating the value of health on the basis of dollars, the following plan is most unique and convincing, and one that may be employed by any physician for the benefit of those who underestimate the value of medical services.

Take for example a mechanic whose earning capacity is one hundred dollars a month. Twelve hundred dollars a year represents the income derived from an investment of twenty thousand dollars at six per cent. Add to this the cost of medical attendance, medicines and incidentals at the moderate estimate of thirty dollars a month, and an additional investment of five thousand dollars would be re-

quired to produce the necessary income. Should the expense of a nurse be added, an investment proportionately greater would be required. Thus it will be seen that the health of a man earning one hundred dollars monthly is equivalent to an investment of at least twenty-five thousand dollars.

On realizing this fact, many dissatisfied and unreasonable patients become suddenly impressed with their intrinsic value, and more or less cheerfully pay their bills.

Another method of assisting a prospective patient to make up his mind is reducing the fee previously named for services. This is a somewhat delicate point in an interview, and must be approached with due caution.

A large percentage of persons, while they naturally desire to obtain the services of those they employ at the least cost to themselves, do not entirely approve of cut-rate medical attention, and are likely to suspect inferior service or treachery of some sort. It is for this reason that when a reduction of the fee is deemed advisable it is not considered or mentioned as a variation of terms, but a concession made for a purpose, and this purpose usually is supposed to be a belief on the part of the physician that he will be indirectly benefited by such a course.

This is usually brought about by a remark commonly made by persons who endeavor to obtain a reduction of the charges, in reference to their influence in the locality in which they live, or among their relatives, some of whom are also suffering from some chronic ailment, and thus attempt to impress the physician, assuring him without hesitancy that if he cures them, many of their friends will flock to his office. In such instances, should the physician conclude that a reduction of the fee is necessary, it is generally done with this understanding.

Finally, however, if argument, flattery and mathematical calculations fail to impress the individual sufficiently to allow himself to be "booked;" if he cannot be convinced that he has arrived just in the niche of time and that the grim reaper will surely gather him to his fathers unless he receives the treatment the advertising specialist is so well qualified to give, there is still one more alternative, the guarantee.

As this is looked upon as one of the long suits of the advertising medical specialist, it will be taken up in the next chapter.

CHAPTER III.

THE ADVERTISING SPECIALIST'S GUARANTEE.

THE advertising specialist's guarantee is a unique document. Of it may truthfully be said, it is "fearfully and wonderfully made." It is so skilfully constructed and so abounding in verbosity that the loopholes which it always contains are so neatly disguised that it fulfills its purpose as a decoy in a most satisfactory manner.

In drawing up these guarantees, several plans are adopted, according to the circumstances under which they are made; that is, guarantees may be specific on a certain point in certain instances, while in others the point specified in one may be omitted in another, thus enabling the man who is willing to lend himself to this form of deception to write an apparently binding guarantee to suit any case, even meeting the objections of such as may be shrewd enough to detect certain discrepancies, and at the same time provide a safety clause or an omission for his own benefit.

The guarantees of advertising specialists are the subject of considerable inquiry from physicians who, like the patient, are not informed of their true nature, and, as it is rare that action for recovery is brought against the advertisers, and but little unfavorable criticism is heard against them, many of the regular profession are inclined to believe that the specialists are really in possession of wonderful secrets, and actually bring about the cures they so freely guarantee to effect. A careful reading of the various forms of guarantees which are here described will serve to clarify the atmosphere to a considerable extent, and disseminate information that cannot be too widely known.

Forms of Guarantee.

Example I.—One of the simplest forms of guarantee is that in which the patient is promised a cure of whatever disease he may have, not only completely, but also permanently, at a certain fee per month, which shall include all medicines and services. Nothing is said of refunding money, but the cure is guaranteed to be satisfactory to the patient. In addition to making no reference to a penalty or providing for a refund, the important item of Time is omitted.

This practically binds the patient to continue the treatment for an indefinite period, and when he refuses to pay the monthly installment the treatment is discontinued. The doctor will plead his inability to effect a cure unless he is given every opportunity, and for as long a period as the disease will require, and assumes a grieved demeanor when the patient rebels at the expense. As a matter of fact, the doctor is well pleased with the amount he has received, and inasmuch as no further cash is to be expected, he is through with the patient.

Among the more intelligent the absence of the time clause is frequently detected, and a more ingenious form of guarantee is employed, the doctor assuming, in such cases, that the omission was an oversight and entirely unintentional.

Money Back if Not Cured.

Example II.—A guarantee may be given to cure a certain disease, eradicating all traces of it from the system, within a specified time, for a certain fee per month, with a clause inserted that failing to perform his part of the contract, the doctor will Refund Every Cent Paid Him for Services. This looks good to the patient and acts as a clincher. It is especially

gratifying to the doctor to "book" patients that seem to glory in being shrewd. They are meat and drink to him. The joker in this guarantee consists of this: As each month's payment is made, a receipt is given, usually on the back of the contract, "For medicines for the month of ————," and as time rolls by, and the specified limit is reached, the patient, if dissatisfied, claims his money back. As pleasantly as possible the doctor informs his patient that he has been paid nothing for services, refers his victim to his receipts for medicines only, and appears to be sorry to say that there will be no refund.

A Question of Patience.

Example III.—Another form of guarantee is that in which a cure is guaranteed, regardless of the disease, completely and permanently, within a certain specified time for a certain fixed fee, with the following clause inserted: "Should the cure not be entirely complete at the end of the above specified time, we reserve the right to furnish all the medicines required to effect a complete and satisfactory cure, without additional charge," or words to that effect.

The doctor will argue that no one can definitely predict the exact date upon which all evidences of

any disease will disappear, and while he has specified a period of time that is ordinarily sufficient to cure the condition in question, it is just possible that it may require additional time. As no further charge is to be made, there is usually no objection made to continuing the treatment for a supposedly Short time in order to Complete the cure (supposed to be Almost effected), yet a careful reading of this clause does not warrant these assumptions.

When the patient has paid the fee agreed upon and taken the treatment during the required and specified period, if not satisfactorily cured, the free treatment is begun. This consists of one hundred pills or tablets, with instructions to take one at bedtime each night, with a request to report when they are all taken.

If the patient does not suspect the trick at the time he receives his first hundred pills, he is due to awake when he receives the second hundred with similar directions, and if he refrains from certain pointed remarks at this time he will most probably have his say when he reports at the end of the second hundred days.

When he finally appears, greatly dissatisfied, and possibly threatens the doctor with all manner of dire

consequences, more pills are offered him in apparently the best of faith on the part of the doctor, who meanwhile continues to assure him of his best endeavors to complete the cure. Never does he recede from this point. He never admits any semblance of deception, but invariably masquerades in the disguise of a man much grieved at the ingratitude of the average patient toward a conscientious medical attendant. The patience of the ungrateful one finally deserts him, and he studiously avoids his one time confidential medical adviser.

The Secret Disease Guarantee.

Example IV.—A guarantee for the cure of gonorrhea, "lost manhood" or some other secret disease is usually made without a single legal flaw. The cure is guaranteed to be certain; the time limit is specifically mentioned; the price of treatment is reduced to exact figures for the complete course of treatment, and All Money Refunded in case of failure.

The doctor, knowing well the trend of human nature, protects himself against any legal action or unfavorable criticism by carefully and prominently mentioning the disease with which the patient is afflicted one or more times in the guarantee.

Should treatment prove unsatisfactory after all the money agreed upon has been paid, an excuse is sought for to warrant further demands for cash. Very few men with gonorrhea follow directions to the letter in regard to alcoholics or sexual matters, and it is never difficult to secure an admission on the part of the patient that he has failed to follow strictly the advice or instructions given him in matters relating to diet, exercise, etc.

Unless an additional financial consideration is forthcoming, the doctor politely dismisses his patient. The fact that, in order to secure any legal redress, the guarantee with the secret diseases specified would necessarily become public property, is a sufficient assurance to the doctor that nothing of the sort will be attempted by the patient.

Guarantees of this sort are often given to male patients regardless of their ailment, the cause of their condition being ascribed to "sexual weakness."

In drawing up the guarantee, "sexual weakness" is mentioned prominently in connection with catarrh, indigestion, kidney or bladder affections, or whatever the condition may suggest. As in the case of secret diseases, the reference to this delicate subject

is sufficient to prevent any complaint on the part of the patient if he finds himself duped by the doctor.

Making Treatment a Burden.

Example V.—This is a guarantee that is somewhat similar to example III., yet is sufficiently different to warrant reference to it specifically.

A guarantee may be drawn which promises everything the patient might desire, everything the most exacting might demand, for a certain fee within a specified time, and all money to be refunded in case of failure. It also contains the apparently reasonable clause that the patient will do his or her part toward effecting a cure by following directions faithfully, obey instructions and report for treatment regularly. This looks innocent indeed, and no one could possibly object to it, as the most skilled physician is powerless to cure unless he has the opportunity to treat his patient.

As the time for making the last payment approaches, say from four to six weeks previous, the doctor begins to make demands upon his patient that subject him to great inconvenience. He will demand his presence in the office twice a day, and will perhaps pass sounds or dilate the rectum so fre-

quently that considerable irritation will be produced; if the patient be a female he will use the speculum daily and apply local treatment for some imaginary disease in some portion of the genital tract; he will furnish medicines that will sicken the patient and order certain rules to be followed that will disgust and annoy the patient so much that continuation of the treatment is refused, or at least that appointments will not be punctually kept, thus providing an escape from his agreement on the part of the doctor.

Should the patient, however, endeavor to meet every requirement, the doctor will persist in his abominable tactics, and it requires no further illustration to convince the reader that a doctor thus disposed can make patients sick in considerable less time than he can make them well, and subject them to such a variety of indignities that the misnamed treatment is infinitely worse than the disease, and its continuation an absolute impossibility.

Half Cash; Balance When Cured.

Example VI.—When dealing with persons who can well afford to pay a good fee, a favorite scheme of the advertising specialist is to accept a patient for treatment for a certain round sum, one-half of

which is paid cash and the balance when the patient is satisfied that he is cured, even offering to permit six months to elapse after treatment is discontinued before payment, in order that the patient may determine the permanency of the cure.

This is an alluring bait and often catches the biggest fish; business men who imagine they are shrewd; men who pride themselves on driving close bargains; persons who seek an advantage in their favor in business matters. This form of contract also appeals to those who are dishonest and accept the terms proposed with no intention of ever making the second payment, even though they should find themselves entirely cured. Such persons are reasonably certain that a cure is merely a matter of time and fully believe that the doctor must be convinced that he can cure them, otherwise he would not be willing to treat them on such reasonable terms. The biter is sometimes bit, and this is where it actually happens.

Should the treatment prove curative the doctor will exhaust every legal means to collect the balance due, and as he is usually fortified by a contract, made in duplicate, which incidentally refers to "sexual weakness" or "errors of youth," he collects his

fee in ninety per cent. of cases, while those who escape payment are usually harassed and dunned more than any respectable person would care to endure.

If the desired results are not obtained after due time the patient receives a placebo or some disagreeable medicine, given with the object of lengthening the intervals between visits, or provoking a loss of patience or even disgust. In this event the doctor never refers to the "balance" of the fee. It is, of course, quite evident that Half The Fee is all the doctor ever expected, and it was probably amply sufficient to repay him for the energy and skill he expended in his efforts to cure, at the same time taking a reasonable chance in effecting a cure and collecting the balance. In contracts of this sort, when the doctor displays such generosity in the matter of terms, no provision is made for the return of the fifty per cent. of the fee paid in advance.

No Cure, No Pay.

Example VII.—When promises are made to accept patients on this plan, some trick may confidently be sought for, and it will usually be located without much effort. The method most frequently

employed is the taking of promissory notes from patients, payable when cured. The time for effecting a cure is Estimated Verbally, in conversation between doctor and patient, and serves as a guide in determining the date upon which first payment will be due.

The doctor is always certain that the disease is curable, and continues the conversation in an optimistic manner until no doubt remains in the mind of the patient as to the eventual outcome of the treatment. However, as a matter of assurance, the possibility of failure is provided for in the notes, and although a note based on a contingency is void legally, the doctor has reasonable hopes that he will collect them. It should be noted that this plan is seldom offered to a business or professional man, as it would but rarely be accepted, but is largely employed among the uneducated or young men who have not yet been taught to appreciate the import of signing notes or contracts promiscuously.

The method is as follows:

In drawing up an ordinary promisory note, a form similar to the following is adopted:

"Four months after date, providing I am cured of Sexual Weakness, Lost Manhood, Bladder and Kid-

ney Disease, which are the result of Masturbation and Sexual Excesses, and providing my Normal Sexual Vigor is completely and satisfactorily restored, I promise to pay to Dr. ————————, etc."

When the specified time arrives payment is promptly demanded, regardless of the condition of the patient. Should he not consider the treatment satisfactory he will naturally refuse to meet his obligation, but after being informed that unless payment is made suit will be brought for collection, his attitude quickly changes, and if the note is not at once paid a compromise is usually effected whereby the doctor agrees to continue the treatment until a cure is effected, and the patient reduces the note by monthly installments until it is wiped out. At this point their relations as doctor and patient are usually severed.

Should the patient, however, be obstinate and refuse to compromise or to pay, regardless of the doctor's threats to offer his note for sale, take the matter to court and expose his sexual secrets to the public, the matter is usually dropped, for as a matter of fact the doctor would be injured financially should his despicable methods become known to the public. He may, however, employ some disreputa-

ble attorney and annoy the patient with further threats, calling attention to exposure, etc., but if this does not avail the incident is closed and the doctor squares matters with himself by the thought that he "took a chance and lost." As the scheme works out according to the schedule in the large majority of cases, the general average is considered quite satisfactory.

As previously stated in Example IV., some secret disease is always mentioned in connection with any guarantee that does not omit one of the vital points, to be used as a club to bring the patient to time should he prove refractory at the crucial moment, and so in cases when cures are promised in advance of pay, and notes given by the patient, some private disease or secret vice is without exception named as the underlying cause of the patient's condition, and so stated in the note or notes. As masturbation is so universally practiced at some time in life, very few men have the inclination to deny their indulgence to a greater or lesser extent, or will at least admit that they have freely indulged in sexual excesses. In fact, a considerable portion will feel flattered at the intimation that they have worshipped at the shrine of Venus to excess during their ac-

quaintance with this seductive goddess, hence it is not difficult to convince men that many of their ills are consequential to former indiscretions.

Not a Cent of Pay Until Cured.

Example VIII.—"Not a cent of pay until cured" is the catch-line used in the advertisements of an advertising specialist who has a chain of offices throughout the principal cities of the East.

In the hope and belief that the doctor is so confident of success that he is willing to wait an indefinite period for his pay, the public is attracted to his office.

After due inquiry regarding the ailments of the prospective patient, and the latter anxious to obtain the benefit of a system of treatment in which the doctor has sufficient confidence to make so liberal an offer, he is suddenly awakened by something like this:

"Yes indeed, my dear sir, I am perfectly willing to cure you to your entire satisfaction without one cent of pay until you are ready to admit that you are fully restored to health, but I must have the assurance that you will fulfill your promise to pay when cured, as faithfully as I fulfill my duty toward you, and as you are a stranger to me, you would surely

not object to securing some well-known person with whom you are acquainted, or your employer, perhaps, to agree to pay me for my services in case you should not do so."

This, of course, turns a different light upon the matter, and as the patient is suffering from some secret disease, or some sequel to it, as before detailed, he spurns the suggestion of the doctor in a manner most unmistakable.

Under these circumstances the doctor naturally feels hurt. He repeats his assurances of skilful treatment and renews his promises of a certain cure, and attempts to lead the patient to think that he sees no objection in seeking for a "well-known or influential man" to stand sponsor for him.

During the interview the doctor never fails to mention the dire consequences that neglect of such a condition will surely bring to the unhappy victim, and impresses him with narratives of persons similarly situated, who, untreated, terminated their existence by suicide or in asylums for the insane.

Thus the interview is prolonged, and if the doctor is a good "case taker" he will land his victim by hook or crook, giving him one of the guarantees previously mentioned, and will receive a certain amount of cash on account.

The "Not a cent until cured" slogan means nothing. No one ever for a moment considers the doctor's suggestion to secure another to guarantee the payment of the bill, but this catch-line has served to bring many persons into his office for consultation who otherwise would never have given the matter serious consideration.

A Joint Deposit of Cash in Bank.

Example IX.—Some specialists employ a plan somewhat similar to the foregoing in all essential details regarding the importance of treatment and the consequences of neglect, but instead of suggesting another to guarantee payment the doctor agrees to cure the patient for a certain sum, which shall be deposited in bank to their joint account, with the understanding that if the patient is cured he will release the deposit in the doctor's favor, and in case of failure the cash shall revert to the patient.

As all joint deposits require the consent of both parties before the money can be withdrawn, it can readily be seen that there is room for considerable arugment before this is brought about.

The contract made between patient and doctor always mentions the inevitable private disease, and while the patient may consider himself not benefited

in the least, the doctor will claim the exact opposite, and will offer to call into consultation other physicians to arbitrate the matter and abide by their decision. This proposition will naturally be rejected by the patient, and the cash will remain in bank for an indefinite period.

As the patient will probably worry more about it than the doctor, the latter having nothing at stake, a compromise will sooner or later be effected, and the cash divided as may be agreed upon, a transaction anticipated by the doctor at the beginning of the interview.

"For ways that are dark and tricks that are vain" the dishonest, mercenary, advertising fake specialist has the "heathen Chinee" denuded to the deep fascia.

CHAPTER IV.

A TYPICAL INTERVIEW.

HAVING thus far considered this subject along general lines, and having detailed somewhat minutely the principles which are always kept in mind while the doctor is endeavoring to "book a case," it is, of course, evident that no definite form of procedure can be described, as the conversation will depend largely upon the attending circumstances, the mental caliber of the patient and the qualifications of the physician to direct it.

However, as certain points can be best illustrated by a verbatim example showing how skilfully a mind well trained along certain lines can transform a negative inference into a favorable construction, and score a point that will strengthen the argument of the physician and render the outcome more certain in his favor, a typical interview will be detailed. It should be remembered that a prospective patient is always open to conviction and comes to the doctor's office in an expectant mood, hoping that the relief he is seeking may be close at hand. Should

the doctor fail to make an impression sufficiently favorable to induce him to close arrangements for treatment, both parties are usually disappointed.

Let us imagine ourselves within the comfortably furnished private consulting room of a successful advertising specialist when a prospect enters:

"Good day, sir. What can I do for you?"

"That's just what I want to know, doctor."

"Take a seat, please, and we will talk it over. This is your first visit, I believe?"

"Yes, sir. I thought I would drop in and have a little talk with you. I hear you make no charge for consultation and examination."

"That's correct. You've heard of me, then?"

"Yes; a friend of mine suggested that I call on you, as he had heard of some great cures you have made."

"That makes it easy. When people know me by what I have done I need waste no time in convincing a person in need of treatment that I do as I say. A good reputation is indeed valuable."

"Well, all I know about you is only hearsay, and one hears so much nowadays that one hardly knows what to believe. There are so many people fishing for suckers that one must be very careful in dealing with strangers, especially strange doctors. Seems as

though most of them are out for all the cash they can get, and think more of that than of curing their patients."

"Ah! You evidently have had some unfortunate experience with pretending specialists."

"I should certainly say so. I've made the rounds of specialists advertising all sorts of cures, have taken treatment by mail of some of the best doctors in the country, but my case either baffles them or they are all fakers and never cure any one."

"You are probably correct when you conclude that many so-called specialists are nothing more than fakers, and especially the mail-order specialists, who are the rankest of them all, but you do all honest physicians an injustice when you condemn the profession as a whole. When you consider my extended experience and the splendid reputation I enjoy throughout this country, it ought to add strength to my statement that I am able to give you the most skilful treatment it is possible to obtain anywhere, and unless your condition is incurable, I feel certain that you would derive much benefit from a course of my treatment. But what seems to be the trouble?"

The patient here describes his condition as he finds it, the doctor meanwhile interjecting suitable

BOSTON MEDICAL LIBRARY JUN 3 1931

remarks and comments. As this portion of the interview necessarily varies according to the condition of the patient, it need not be given here.

When the patient has described his condition the doctor, regardless of whether the indications point toward gastritis, nephritis, chronic headaches or rheumatism, will continue along this line, after having made the usual inquiries previously mentioned in order to determine his approximate financial condition, whether married or single, and the amount he has spent for treatment which was unsuccessful.

"Are you troubled with nervousness?"

"Not especially so."

"Don't you find that when you run up a flight of stairs your heart beats violently?"

"Oh, yes. I didn't think you referred to that."

"I thought so. One cannot be too explicit in making careful inquiry. How often do you get dizzy spells?"

"Not troubled with that at all, doctor."

"When you stoop and remain in that position for a few moments and get up suddenly, don't you feel a slight dizzy sensation?"

"I haven't noticed it."

"Suppose you try it now. Please stand up. Now stoop over and touch the floor with your finger tips.

Can't quite reach it, eh? I thought so. Well, do the best you can. Now count twenty-five. Now stand up quickly. Ah! What's the matter. Why do you look so bewildered?"

"Whew! That certainly is an unpleasant feeling. Does my disease cause that?"

"It certainly does, and a lot more that you don't dream of. How old are you?"

"Just passed my twenty-second birthday anniversary."

"You are not married, you say?"

"No, sir; not yet."

"Probably you are not satisfied with your physical condition and have, therefore, not given the matter much thought?"

"That's so, doctor. I don't feel as though I could care for another in my present condition."

"When did you stop masturbating?" (Note the manner of putting this question. It is not, "Did you ever masturbate?" but "When did you quit?")

"That's something I never did much, doctor. I got hold of some books which taught me that it was a ruinous practice."

"But when did you stop it?"

"Well, I haven't done anything of that sort for several years."

"Ah, I see. How about the ladies? Sexual excesses are as productive of serious consequences as masturbation."

"I suppose I have been unwise in that respect. When a fellow is young he doesn't always know what's best for him."

"Quite true, quite true. Those delicate organs whose functions, when out of harmony with the central nervous system, almost defy the skill of the most able physician, and are the seat of more serious diseases than any other portion of the human anatomy. You find, then, that your sexual power is somewhat impaired?"

"I don't know that there is much trouble there, but possibly I have indulged too freely."

"All your symptoms point to those organs as the seat of your trouble, but possibly it has not progressed sufficiently to cause you to notice very much of a variation from the normal. But it will come sooner or later, depend on that, and you may be congratulated on the fact that you realize your true condition."

"Then you think you can benefit me?"

"Benefit you? Why, certainly I can benefit you. I can cure you entirely, but it will require careful

and continued treatment. The fact that you have been under the care of a number of physicians styling themselves specialists, without obtaining relief, has of course had a tendency to discourage you, yet I am certain that I can cure you, providing you follow my instructions closely and take the medicines I will give you, conscientiously, and providing the terms are agreeable to you."

This opens the way to the financial side of the matter, which until this time has been studiously avoided, and the patient will usually respond to this hint and ask:

"What are your charges, doctor?"

"My charge for a full course of treatment for a case like yours, covering probably six months, including all medicines and whatever office treatment you may require, is one hundred dollars."

"Well, doctor, I have spent several times that amount without being much benefited, and I would not object to your fee if I was sure the treatment would benefit me, but I have lost faith in doctors and have about made up my mind that I will pay no more money to any one until I am cured."

This is a frequent remark and can be met in several ways, the following being perhaps the most

generally employed, as it does not at once dampen the patient's interest, but leads him to believe that such terms can be arranged.

"Well, I certainly cannot blame you for lack of confidence, and it will be perfectly satisfactory to me to have you pay me when you are convinced that you are a man again, in the full sense of the word."

"All right, then. I'll take your treatment and follow your instructions, and will certainly pay you every cent when I am well. When will the treatment begin?"

"Just as soon as we can settle this matter a little more definitely. While I am willing to wait for my fee until you are cured, I must be assured that you will pay me when you are cured. Do you own any property?"

"No, I do not; but I can refer you to people who know me and who have property, and they will tell you that my word is as good as my bond."

"How good is your bond?"

"Well, what I mean is that you can believe me; trust me. I do what I agree to do every time."

"Could you go out and borrow one hundred dollars to-day?"

"I think I could."

"Would you be willing to borrow it and place it in the hands of a third party, to be paid over to me after you are well?"

"No, I wouldn't like to do that. I don't care to parade my affairs among my friends."

"Well, if you feel that way about it, I don't see how I will be protected. You understand, of course, that while I am in this line of work for the benefit of humanity, who have a right to my services and skill, I am also endeavoring to make a little money. When I rented this office I could not say to my landlord, "If I succeed in doing business I will pay you the rent, but I will not pay it unless I am successful," but he insisted on cash down every month. While I would personally like to see you in good health, there is no reason on earth why I should supply you with medicines that cost me considerable money and wait six months for my pay. I can't buy medicines that way. I have to pay in thirty days.

"When you are sick in bed you do not expect a doctor to treat you on the terms you offer to me, neither do you ask what the bill will be, and yet you seem to expect me to cure you of a chronic disease, perhaps complicated and made more difficult by the improper treatment you have received, and

wait six months for my fee. I am sure that a man of your intelligence will understand that what you ask is impracticable, unless I am absolutely assured that I will receive my pay when you are well. I am willing to wait, as I am certain that I can cure you, but the proposition you make is too one-sided to be attractive to me."

"I guess you are right, doctor. I see that my proposal was unfair to you, but I don't feel as though I should take any more chances."

"What kind of chances?"

"Paying out money for treatment that may be useless."

"Why, my dear sir, don't you know that you are taking the biggest chance you ever took in your life when you take a chance with such an insidious disease gnawing at your vitals? What is your life worth in your present condition? What will it be worth when this disease, if unchecked, reaches the nerve-cell centres and disorders your mental equilibrium? What is the life of any one worth when he ponders over the past and sees nothing but disappointment and missed opportunities, and looking ahead can see nothing but despondency and disaster? Disease of this character robs a man of everything in life worth living for and invites suicide as a sure

remedy for the remorse that it occasions. Our insane asylums are filled with idiotic and perverted men, who took a desperate chance with disease of the central nervous system, and lost.

"It is unfortunate that you fail to see the importance of immediate treatment at a time when I could guarantee to cure you."

"Why didn't you mention that before, doctor? I didn't know you would Guarantee a cure."

"Why, certainly I will guarantee a cure. I guarantee to cure any case I accept for treatment. I never accept incurables. To treat an incurable patient adds nothing to one's reputation and always ends in dissatisfaction. Furthermore, I consider it criminal to deceive the sick, and under no circumstances would I be a party to it."

"I am quite satisfied as to your sincerity, doctor, and you must pardon me for what I have said. I am willing to pay you for whatever treatment I need, but I cannot pay one hundred dollars."

"You are evidently under the impression that I expect this sum at once. Don't think of this. I am willing to make whatever terms you can meet. You can pay me part cash and the balance in easy monthly payments. How much can you pay me now?"

"I couldn't pay you over fifteen dollars now, doctor; it is all I have about me."

"That will be perfectly satisfactory. You can pay me ten dollars more some time this week, and thereafter twenty or twenty-five dollars each month until the hundred is paid. Is that satisfactory to you?"

"Yes, I am willing to agree to that plan."

"Very well; I will give you a receipt for fifteen dollars. I am going to give you a small quantity of medicine now, just enough to last a few days, when I want you to come in and bring me a sample of your urine, or to be prepared to pass some while you are here. I want to confirm my diagnosis of your disease, and if I am not mistaken I will show you something that will startle you. Should I be in error regarding your present condition, the test I will then make will clear the matter; and should your condition be other than that which I now consider it, I will not accept you for treatment, and will refund to you the fifteen dollars you have just paid me. Take this medicine as directed on the label and call again in four or five days. Don't worry about your condition. Fretting makes bad matters worse. Real pleasant out to-day, isn't it? Good day, sir."

"All right, doctor; I'll be back. Good day."

It is evident to the reader that the object of having this patient call again in a few days is to give him an opportunity of bringing the balance of the twenty-five dollars he has agreed to pay, while the somewhat mysterious remarks in reference to the proposed examination of the urine were made to excite and hold his interest. The promise to refund the fifteen dollars paid in case the diagnosis is not confirmed by the urine test was made to insure his return, with the possible expectancy of having the money handed back to him. Under this double influence his return is certain, and if we may judge the doctor by what we have thus far heard of him the diagnosis will be confirmed.

CHAPTER V.

CONFIRMING A DIAGNOSIS.

How Patients Are Impressed.

FOUR days elapse and, true to his promise, the victim appears.

"Good morning. I see you are here early."

"Yes, doctor; I feel somewhat interested in my condition and am anxious to know more about it."

"How are you feeling to-day? You are looking brighter and have a better color than you had a few days ago."

"Feeling about the same as usual. Don't sleep very well."

"That is due to your nervous condition and is to be expected. Did you bring the sample of urine?"

"No, sir. You said I could pass some here and I can do so now."

"All right. Here is a wide-mouthed bottle. Empty the bladder."

The urine being passed, the doctor eyes it critically and makes suitable comments, takes up a six-inch test tube and almost fills it.

"Now, Mr. Blank, I wish to explain more fully my suspicions in regard to your condition. No doubt you have been thinking of what I said when you were here a few days ago. You have all the symptoms of spermatorrhea; that is, an involutary loss of semen, the vital fluid; a fluid a hundred times more sustaining and strengthening than blood. I suspect that each time you urinate you pass a considerable quantity of this fluid, and thus your nervous system is robbed of its most valuable food."

On a nearby shelf, among other glassware, the careful observer would discover four glass-stoppered ounce vials, each filled with a liquid of the same color and consistency, identical with each other in every respect, so that any one not familiar with their secret marks could not tell one from the other.

Picking up one of them, the doctor removes the stopper and with an ordinary dropper withdraws several minims of the fluid contained therein. Holding it above the test tube containing the urine he says:

"This is a most delicate chemical test for determining the presence of semen in the urine. The moment this test solution is added to urine which contains semen the latter is immediately thrown out

of solution and can readily be seen and recognized by the naked eye. If this urine contains semen, my diagnosis is correct. If it does not, I do not understand your disease."

Slowly a drop of the fluid is expelled and falls into the urine, gradually descending to the bottom of the tube, and all along its trail a grayish white, stringy, mucus-like substance is seen, an exact imitation of normal semen. Another drop is added, or two more, and the tube becomes apparently alive with semen, which gradually assumes a feather-like appearance and finally sinks to the bottom of the tube.

The doctor says nothing, but gazes steadily at the patient, whose eyes are riveted to the object before him.

"That looks bad, doctor," he finally manages to say.

"Not at all, my dear sir. It proves my opinion correct and indicates that you will again be a well man. All we will have to do is to stop this drain, which weakens your system and causes all your symptoms, and you will need no further treatment."

"That's good news. No wonder you have a good reputation here. You certainly understand your

business. Here's the ten dollars I promised you. Knowing now that you really understand my condition, I feel better already."

"I am glad to hear you say that. So many people never give a doctor credit for what he knows, even though he may be effecting the most marvelous cures. Often, too, the nature of the diseases we treat is such that our patients do not feel inclined to recommend the doctor who cured them for fear of exciting suspicion in the minds of their friends. Especially is this the case when the disease is such as yours.

"I will now prepare you some medicine, which you will please use according to the directions, and when it is all gone come in again. This quantity will last you about four weeks.

"When you come again be prepared to pass urine here in the office, just as you did to-day. We will then make another test and see whether we have made any progress. Don't become discouraged if you do not improve at once. As long as this drain is going on it is not to be expected that your condition will change very much for the better, so that if you hold your own for the present you may know you are improving, as without the medicine you would certainly decline rapidly.

"I hope you will not misunderstand me when I tell you that I take special pleasure in treating a patient afflicted with a disease such as yours, as it is only in such cases that the patient can see with his own eyes just what causes the trouble, and as the losses are checked he can also note the improvement in the same way. When you come again I hope to be able to show you a reduction in the quantity of semen you are passing, and in two or three months there should be none left. The real improvement will not take place until this drain is entirely stopped, but after that you will gain in health and strength very rapidly.

"Take good care of yourself. Be moderate in all things, chew your food well, keep the bowels open, try and get at least eight or nine hours' sleep every night, and for the time being don't try to break any records. Another patient is waiting, so I will bid you good day. Come in when the medicine you have is all taken. Good day."

When this interview is carefully digested the average physician will begin to understand how the dishonest pretenders, styling themselves specialists, hold their patients. Will any one who has observed human nature deny that these methods are a most powerful factor in holding the interest and exciting

the curiosity of the patient? Isn't it true that nine-tenths of the public will respond to an impression of this character and continue the treatment according to the doctor's instructions?

The final remarks of the doctor deserve special attention, as it may be taken as certain that they were made for a purpose. During the entire interview nothing was said without a good reason for saying it, and the advice and information given at the close of the interview carried impressions of special import.

The remark in reference to patients not giving physicians credit for their skill, especially when they have been cured of private diseases, served to impress the mind of the patient with the thought that the less said the better. Knowing that a discussion of the patient's condition among friends might lead to a point when distrust might arise, the physician suggests that it be avoided, in this indirect manner. One of his former dupes might learn that his friend, the present patient, was being treated and fleeced by the doctor who swindled him, and warn him by exposing his methods and tricks. For these and similar reasons the dishonest specialist does not court this sort of publicity.

Note that medicine is dispensed in sufficient quantity to last the patient four weeks. Having received his pay for the month, the patient is forgotten until the next pay day rolls around. He is not to take up the doctor's time in unprofitable conversation by calling during the month.

The patient is prepared for the possibility of no improvement by the remark regarding the weakening influence of the drains that are continually going on, and while the doctor hopes for an improvement he has provided a very plausible explanation for its absence should such be the case at the next visit.

It may be mentioned here that when the patient has been convinced of the doctor's ability and skill and decides to take treatment, he is always given such medicines as will have a tendency toward improving his actual condition, in so far as the doctor may be able to determine it.

The ocular demonstration of the progress of the cure has, of course, reference to what has been detailed and what is to follow. This is a most impressive method of holding the patient's interest and rarely fails to succeed.

CHAPTER VI.

HOLDING THE PATIENT.

WHEN the patient calls again, after having taken the medicine with which he was supplied previously, the usual comments are made in reference to the progress made thus far. If the patient reports improvement, the doctor is, of course, gratified; if the opposite is reported, the patient is cheered up by promises of a rapid improvement as soon as the underlying cause of all his troubles is removed.

The patient is again given the wide-mouthed bottle and asked to urinate into it. Again the test tube is nearly filled and, as in the former instance, the "test" bottle is brought out.

This being the second test, the doctor is careful to select the bottle marked number two, and as the fluid is dropped into the urine a well-marked improvement is plainly indicated, as the deposit of what the doctor calls semen is not by any means as heavy; there is not as much as in the first test and it is more transparent. This "improvement" is

accomplished by using at the second test a solution but half as strong as was used in the first test, and as a matter of course the precipitation will not be as dense as when the stronger solution is used.

When the patient sees this apparent improvement, no matter how he feels, he will be much encouraged; and as the doctor never fails to dwell upon this unmistakable evidence of favorable progress, there is little doubt that the patient will report at the end of another month.

The fee for the second month being paid, another supply of medicine is furnished, and the patient is ushered out with the usual good wishes and cheering suggestions.

When the patient reports at the end of the second month the third test of the urine is made, and this interview differs in no particular from the previous one, except that the doctor now uses test solution number three, which is again fifty per cent. reduced.

This solution is so graduated that test number three should show barely a trace of the deposit called semen, and the doctor expresses his gratification at this result in no uncertain terms and congratulates the patient on his well-marked improvement.

In the face of such an illustration the patient can do nothing but believe that what he sees is an actual fact, and the psychic effect of this interview does much to buoy his hopes and gives an additional assurance that he is on the highroad to health. He will be back in another month unless some unavoidable occurrence prevents it, but if at that time he should not feel the improvement he was led to believe would surely be experienced, he will probably be less sanguine than he has been since the treatment was begun.

At the next visit the fourth or final test will be made. The number of tests desired can, of course, be varied, and in some cases six or more are made before a cure of the causal condition is announced.

At the last test, however, whether it be the fourth or sixth, pure water is used for performing it and, as a matter of fact, no evidence of any deposit will appear.

If at this time the patient has not experienced some marked improvement, he will usually refuse to pay any more fees to the doctor should an unpaid balance remain, and it is, therefore, the policy of the doctor to have all the payments made before the final test is made, or at least by the time it is made,

as the chances for obtaining further payments decrease very much after the time specified as necessary for curing the condition has expired.

Should the patient feel practically well, as is often the case, he is now discharged, providing he has paid the agreed upon fee. If a small balance remains unpaid, he is advised that a month or two of extra treatment is required in order to make the cure permanent. The cure is considered permanent when the patient has met his obligations in full.

When he is discharged he is advised to call on the doctor in the course of a few months for a test of the urine, with the promise that if any semen should reappear further treatment will be given free of charge. This strengthens the faith of the patient and his good opinion of the doctor becomes an absolute conviction. Should he call for a test at any time, the fluid used in the final test will be employed, and, of course, the doctor can demonstrate the absolute permanency of the cure.

If, on the other hand, the patient is dissatisfied after having paid the agreed upon fee, the doctor proceeds to exhaust his patience by making the treatment and instructions irksome, until finally the victim becomes discouraged and abandons the hope of ever recovering from his disease.

Note: The test solutions usually consist of either the chlorides or nitrates of zinc or silver, or acetate of lead, dissolved in water, or a mixture of water and syrup, or water and glycerine.

The precipitate which follows when they are added to urine consists principally of phosphates, the stringy appearance being produced by the syrup or glycerine which is added.

CHAPTER VII.

STOCK ARGUMENTS.

WHILE it is unusual for persons in search of medical services to be unreasonably exacting in their demands, an experienced rounder may occasionally drop in who is acquainted with all the "tricks of the trade," and who refuses to be separated from his money on the strength of the doctor's guarantee, but insists on a cure first and pay afterward, without any endorsement and without any contract.

The doctor, of course, recognizes that this is an undesirable personage to handle, and yet inasmuch as he has called on him, there is some evidence that at least a grain of faith exists somewhere in his makeup, and if he is handled right he will view the matter in the proper light, from the doctor's standpoint.

With his mind fully made up that unless the prospective patient recedes from his position treatment will not be begun, the doctor attempts to break down his arguments by showing the utter

impossibility to do business on the contingency of cure, and will argue something on this order:

"The plan you suggest seems at first sight to be fair, as it may be said that if I cannot be of any service to you, you should not be expected to give me any of your money, but on further thought I am sure you will see the matter in its true light.

"Let us suppose that a man with whom you are not acquainted suddenly discovers that he has lost his purse containing a large sum of money. He does not know where he could have lost it, as he has traveled many miles since he had occasion to use it. He comes to you, let us suppose, and suggests that you aid him in his search for the missing treasure, promising you to pay you for the time you spend in the search providing you find it. He does not offer you any reward in case you return his money to him, but merely offers to pay you ordinary wages for the time consumed; but unless you find the purse you receive no pay.

"How long would you work for the stranger on such terms? If he were your brother or a dear friend you might give him some of your time in the hope of restoring to him the sum of money lost, but you would undoubtedly expect a stranger to pay you whether you found it or not.

"You come to me, practically a stranger, at any rate I am under no moral or social obligation to you, and yet you expect me to work for you for a certain length of time, promising me that if I am successful in my purpose you will pay me my regular fee, but nothing more.

"I assure you that if treating sick people were all I had to do in this world I would gladly accept your proposition, but unfortunately my digestive organs demand exercise three times daily; my roof must be kept in repair in order that my family and myself may be protected; our city demands that I pay my taxes regularly, and my professional position demands that I clothe myself with due regard for propriety and custom.

"Assuming, therefore, that you would pay me for my services providing you are cured (although it is possible that you would not), let us suppose that I am unable to cure you or even benefit you. What about the time I have devoted to you? What about the medicines which I have furnished you? Do you think it fair that I should assume the entire risk?

"While professionally I desire to cure my patients, and as a matter of fact must cure a large percentage of them if I would maintain my reputation and

prosper, there is another phase to this subject. Apart from the professional side, it is really of no consequence to me whether you are cured or not, and there is no more reason why I should assume the expense of treating you with a promise of pay when cured than there is that the postmaster or mayor of this city should come to me and offer to pay me for curing you.

"Of course, as a human being I join with the entire race in wishing every one well and happy, yet, aside from the humanitarian aspect, I am free to say that it does not affect my material welfare in the slightest degree whether you are well, sick or dead. People are born, live, become ill and die, and the old world continues on its everlasting grind just as though the event had not taken place.

"Therefore, unless you are willing to pay me a fair fee for my services and medicines, to reimburse me for time and cash outlay, I cannot undertake to treat you."

This is an argument that can be employed by the regular physician with the same force as that with which the irregular uses it, as it is not unusual in private practice, even when one's patients belong to the better class of people, to have proposals made

similar to the foregoing. No reputable physician will treat patients on such terms, and the irregulars cannot afford to do so.

The person suggesting such terms usually sees the force of this explanation, and if he wants treatment will meet your terms. If not, it is a waste of time to prolong the interview.

In a previous chapter mention was made that fees are at times reduced with the apparent hope that some of the patient's friends will be induced to call for treatment, and when such is the desire on the part of the physician there is nothing to prevent him from doing so; but if it is deemed unnecessary or unwise to reduce the fee named as the price of his services, the physician makes use of an argument similar to the following:

"I should be very glad indeed if the benefits you would derive from my treatment would be such that you could feel justified in recommending your friends to call on me for treatment, but it would be unfair to treat you with more consideration than I could bestow upon them, neither could I afford to do so. I value my services according to the time and skill required in each individual case, and if I reduced the price to you it would be only natural that you should suspect that under some other con-

ditions I might accept a fee even lower than the one charged you.

"Furthermore, such action on my part might work a positive injury to your friends, whom you apparently wish to serve, as during the time you are undergoing treatment they will be watching you and waiting, and in the meantime their condition may gradually grow worse. By the time you are cured they may be incurable, and even though they may have symptoms that appear similar to yours, it is by no means certain that their disease is the same.

"Let me suggest that you ask your friends to call for consultation and examination, in order that I may determine whether there is any prospect of curing them, and also whether it is safe for them to wait several months before beginning treatment."

The majority of people have a fair share of sense, and if a good argument is produced they can generally be influenced sufficiently to agree with the doctor and do as he proposes, while blunt refusals without proper explanations will usually have the opposite effect.

CHAPTER VIII.

THE IMPOSSIBLE AND MIRACULOUS EXPLAINED.

PHYSICIANS are continually addressing the writer for information in reference to the probable methods of certain advertising specialists, how they cure this or that disease, how they fulfill their promises in the face of seeming impossibilities, insisting that they actually do it, and why it is that the regular profession is kept in the dark in regard to matters with which the advertisers seem so familiar.

He who has read thus far in this little work must have discovered ere this that the advertising specialist receives credit for doing much that in fact remains undone, and in his campaign of publicity intended for the impression of the laity, it is quite certain that some of the profession accept his statements without the proverbial grain of sodium chloride.

When the medical profession actually swallows the bait of the advertising specialist, it should cause

no surprise that the general public is an easy victim. Much of this interest is undoubtedly due to their very clever advertising matter, the product of the most expert writers, every word of which is calculated to carry conviction. If the response from the laity is proportionately as much greater, as one would expect it to be, than the interest shown by the profession, there is little wonder that some of the better known specialists are waxing fat and wealthy.

A most frequent cause for inquiry is the advertisement of the specialist who guarantees to cure varicocele without a surgical operation. One of the prominent advertisers uses heavy display type in his literature to say, "I Never Operate for the Cure of Varicocele," and further states that it is only in rare cases that an operation is required.

When he is consulted by a person who is worrying about an insignificant dilatation of the spermatic plexus of veins, he is gravely informed that his is indeed a rare case, and one that is not curable by the usual methods, and that a slight operation is necessary. All possible means are employed to induce the victim to give his consent to the operation, and in this the specialist is usually successful. He is then turned over to an assistant, who per-

forms the operation of ligating the veins, and the advertiser may still truthfully proclaim that he never operates.

This is an example of the specialist who uses all manner of arguments, makes all sorts of promises, in order to get into touch with prospective patients, but who, after having secured one, treats him properly and endeavors to bring about the desired result.

Another advertiser makes the announcement, "Varicocele Cured Without the Knife." He has used this headline so long that it has no doubt become familiar to thousands of young men throughout the land, many of whom no doubt have visions of it as they day-dream of the "bundle of earthworms" the printed matter of this specialist has taught them to look for, and as they speculate on the dire consequences his literature has led them to expect unless cured before it has advanced too far.

It is not difficult to understand how varicocele can be cured without the use of the knife, as the operation most frequently employed is that of ligation, for which nothing is needed except a needle and a little catgut or silk.

Specialists have been known to advertise to cure varicocele without an operation of any kind—with-

out the use of the knife, scissors, cautery or any cutting instrument, without even piercing the skin, using only a "local application."

These fellows are known as the "bag wash" fakers, and are fraudulent to the core. Their guarantees are, of course, of no value, being similar to those previously described, and their only object is to collect as large a fee as they possibly can, hand the patient a simple lotion for external use, and continue the treatment as long as the victim will stand for it.

Hernia specialists are at present advertising the cure of hernia by one treatment, which requires but half an hour, without a surgical operation, and guarantee a permanent cure.

These specialists inject paraffine into the canal about the internal abdominal ring, plugging it more or less firmly, and when the mass has sufficiently hardened the patient is pronounced cured and sent on his way rejoicing.

This is a great graft for the unprincipled individual posing as a great specialist with a wonderful new discovery, and when sufficient patients can be obtained is no doubt a good-paying proposition, as terms are strictly cash.

Most of these paraffine deposits remain in their proper position but a short time, sometimes only for several hours, and in the course of a week or two may be found anywhere between the internal ring and the bottom of the scrotum.

When the patient is able to do so he returns to the specialist and demands either a cure or his money back, and is promptly advised that no more paraffine can be injected while the other mass remains in whatever location it may then be found, but that it must first be removed, a matter that will require a surgical operation.

Under the circumstances it is not strange that the patient will hesitate to allow himself to be placed under the knife of the man who so recently mistreated him, charged him a good fee and now refuses to refund any part of it; and although the specialist assures him that the operation will not be "very" serious, he finally leaves the office, and sooner or later seeks a reputable surgeon for the removal of the paraffine and the radical operation for hernia.

Not infrequently, after the paraffine mass leaves the spot at which it was deposited, it causes severe pain, and a surgeon is at once summoned and the mass removed. When this occurs, the specialist

may never be called upon by the patient, except, perhaps, for the purpose of making an effort to have his money refunded, but to this charge the advertising faker can ever plead "not guilty." He never refunds. The patient will be told that if he had called as soon as the mass became displaced a small additional injection would have rendered the cure permanent, but inasmuch as some other physician had been allowed to tamper with it the incident must be considered closed.

Should a patient with a dislocated mass of paraffine in his scrotum agree to the specialist's proposition to have it removed, an additional charge is of course made, and this is usually so high that it is beyond the means of the patient. As a matter of fact, the specialist does not want to operate, probably could not, and every means is employed to transfer him to some surgeon for further treatment.

Diseases of the eye seem to be a lucrative field for the advertising eye specialists. They claim to be able to cure strabismus without an operation, guarantee to cure cataract by absorption, and pretend to cure visual defects and errors of refraction by vibrassage, pneumo-massage and various other means, sometimes by the use of certain appliances

which they claim are original with them, and sold under such names as magnetizers, vitalizers, animators, etc., taking advantage of the desire of the average person to avoid the necessity of wearing glasses.

As such a large percentage of the public is appealed to by such advertising, it is not difficult to understand that a sufficient number of dupes can be reached to bring a fair net return in cash, and this is the basis upon which this game is worked.

It is not necessary to enter into the details of any of the hundreds of other schemes advertising fakers evolve and put to practical application, as almost every ailment to which the human race is subject is taken up and made the basis of an advertising campaign. Cancer specialists who promise to cure by a harmless home treatment are found in every large city. Goiter is pronounced curable by a newly discovered internal remedy. A philanthropic individual has by great good fortune found a simple remedy for Bright's disease, and has opened an institution where all deserving persons can be treated at the bare cost of medicines. Deafness will soon be unknown if those whose hearing is defective will buy the autophonic eardrums. It is folly to suffer the aches of rheumatism when they are so

readily dispelled by so simple a means as attaching a bit of adhesive plaster to the soles of the feet. Syphilis is eradicated in thirty days, without mercury or other powerful drug. Fat folks are made thin and lean people are made stout by taking one and the same medicine, while a course of exercise with a patented cartilage stretcher will add many inches to the height of undersized persons. Nothing is impossible to the medicine man, nothing is beyond his superlative skill. At the rate we are now progressing, if we may take the advertising specialist's word for it, the populace would soon be free from disease and live forever in a new and blissful paradise, if they were only less incredulous and exercised a little more faith.

When advertising specialists announce that they are prepared to perform miracles, when they profess to accomplish what the most eminent physicians and surgeons know nothing about, or when they claim to do what ordinary common sense pronounces impossible, one may, without fear of contradiction, stamp upon it the imprint of fraud, in one of its many and various forms.

CHAPTER IX.

OBSERVATION IN DIAGNOSIS.

Diagnosis of Disease Without Asking Questions.

DISTANT fields are said to assume a peculiar verdancy and lend enchantment to the view of the observer, more especially when they belong to a prosperous and perhaps none too amiable party; and so also it appears that physicians are more or less tempted to overestimate the qualifications or ability of some of their more prosperous competitors who have the good fortune to be able to combine sound business principles and tact with their medical attainments, and are possibly more prone to give credit to the remedies they employ than to the method of their application, imagining that some of their achievements are due to secret knowledge or processes which are generally unknown, when in truth they employ nothing but their five senses.

It is somewhat surprising that the ability to diagnose many diseases at sight and from physical signs

should appear so rare an accomplishment and should be the subject of so much inquiry, as there is very little connected with this practice that is not within the reach of every practitioner if he be but observing, quick of perception and possesses the necessary medical education and experience to render him familiar with his subject and able to reckon from effect to cause.

Any physician who has been consulted by a number of persons similarly affected will surely recognize the condition more promptly than one whose experience has been more limited, and he is therefore able to anticipate the statements of his patients and could, were he so inclined, enumerate in advance many of the symptoms that of a certainty would be produced by said condition.

In order to make a success of diagnosis by observation an extended experience is essential. It would scarcely be expected that the recent graduate or physician of but limited experience would be able to practice this method on the strength of his theoretical knowledge, although a thorough familiarity with the symptoms that accompany any special disease will be of decided advantage. Some physicians of long experience seem to acquire an especial

aptitude for correct diagnosis, and with such it seems to assume the function of a special sense, almost as reliable as any of the five that are recognized.

Points to be Observed.

The observation of a patient should begin the moment he enters the consultation room, and before he is seated his manner of walking should be noted, how he takes his seat and how he sits.

During the preliminary exchange of remarks the color of his skin, expression of his face, the hair and eyes should be observed. Attention should be given to his manner of breathing, whether it is rapid or labored, and whether nervousness exists.

The name, residence, age, occupation and length of time patient has been ailing may be ascertained, as these are not questions directly relative to the disease.

Examine the tongue and note carefully its condition; examine the urine, the heart, lungs, liver and stomach, scrutinizing each closely for physical signs that indicate disease, also for evidences of tenderness, which the patient will not be slow to indicate if the proper amount of pressure is exerted.

The average person does not expect a diagnosis and does not want the name of the disease, but if the physician names several of the leading symptoms he will be given credit for having made a diagnosis.

When satisfied as to the disease probably present, all possible symptoms that can be ascribed to it should be enumerated, as this will impress the patient because he can understand it.

To tell a patient that he has cirrhosis of the liver, aortic regurgitation or a floating kidney will not make half the impression on him that will be made by a few plain statements of the more ordinary symptoms that all sick people have.

It may also be added that patients will generally overlook errors providing some of their symptoms are named, and this is usually easy.

What Objective Signs Teach.

As the patient enters the office his walk will give evidence of stiffness in the joints if any be present, a staggering gait will indicate spinal disease, while a careful, slow gait will indicate either tenderness or pain in the limbs or back.

If he takes his seat with deliberation, possibly placing his hands on the edges of the chair in order

to take the strain off his back, it indicates lumbago, sciatica or abdominal pain.

If he leans forward instead of using the back of the chair for support, the seat of pain is most probably in the kidneys, which is relieved by the outward curve of the spine.

The color of the skin will indicate anemia, jaundice, Bright's disease or syphilis. The facial expression will furnish evidence of diseases that produce melancholy, as those of the liver or kidney, while the anxious, high-tension expression so characteristic in cancer, pulmonary disease or dyspnea can hardly be mistaken.

The appearance of syphilides and the accompanying glandular enlargement, a possible loss of hair, especially of the eyebrows, mucous patches in the mouth, etc., require no interrogation point. The occupation will often give a valuable hint, as in the case of painters, stonecutters, glassblowers, plumbers, miners or employees in dusty industrial establishments.

The tongue is by far the most communicative member, when silent as well as when active, and every physician should study it well and be able to read it at sight. The following from Scudder is worthy of repetition:

"If the tongue is heavily coated at its base with a yellowish white fur, it indicates morbid accumulations in the stomach.

"If it is uniformly coated from base to tip with a yellowish fur, rather full and moist, it is due to atony of the small intestines.

"When it is elongated and pointed, red at the tip and edges, papillae elongated and red, we have evidence of irritation of the stomach with deterioration of the blood.

"Then there is the tongue that may be designated as 'slick.' It is variously colored, but looks as though a fly, should it light on it, would slip and break its neck. This is evidence of a want of functional power, not only of the stomach and bowels, but of all parts supplied by the sympathetic nerves.

"The tongue tells us of acidity and alkalinity of the blood in language so plain that it cannot be mistaken. The pallid tongue with white fur is an index of acidity of the stomach and blood. A deep red tongue indicates alkalinity; impoverishment of the blood (sepsis) is indicated by a dirty, dark-colored fur, while disease of the liver usually produces a coat varying from a dirty white to a brown."

Illustrative Cases.

Let us imagine a patient, male, age about 45, entering the office in a listless sort of way, eyes dull and inclined to droop, skin sallow, veins full, some evidence of edema of the limbs, tongue covered with a brownish coat, fullness and some tenderness in the right hypochondriac region, the latter being evidenced by the patient giving way on pressure.

It requires no great diagnostic ability to single out the liver as the principal offending organ and the main factor in the production of the symptoms exhibited by this patient.

To say that it is cirrhosis or some other disease of the liver would not interest the patient nor convince him that the doctor recognized his condition, but if he is told that he has anorexia, nausea and sometimes vomiting, constipation with pale, clay-like stools; distention, pain under right shoulder, loss of ambition, scanty urine of a high color, possibly occasional nose bleeding, dizziness and the various symptoms of gastric catarrh he will assent to them one by one as they are enumerated, or most of them at least.

Another patient presents himself; he is nervous and despondent, has a short hacking cough with no

expectoration, but as he talks he is frequently interrupted by its annoying persistency. His eye is pale, his tongue has a heavy whitish coat and the odor of his breath resembles that of a glue factory, sickly sweetish in character.

Call it dyspepsia or gastric catarrh, either one will answer, but it will not impress the patient half as much as if you tell him that he has fermentation and sour eructations, loss of appetite, constipation, bad taste and pasty sensation in the mouth, pain after meals, nausea and vomiting, headache, palpitation of the heart and shortness of breath, and he will go and tell his folks that you can see right through people.

Another patient enters the office breathing in a labored manner and is troubled with a cough. Physical examination reveals mitral insufficiency, and he is told that he frequently has palpitation, a sensation of fullness, shortness of breath which possibly closely borders on asthma at times, has occasional blood-streaked expectoration, bronchial irritation, has indigestion due to the congestion of the liver, so frequently found in these cases; scanty urine of a high color, dropsical symptoms, etc.

If the pathological condition is kept in mind it is easy to trace the effects of disease from one organ

to another, providing one has trained himself to do this mentally, while examining patients in the usual manner.

Another patient arrives; this is a lady, who confesses to 55 years, but looks older. She has entered the office with measured step, looks anxious and seems to have trouble with her breath. Approaching a little more closely we notice that her carotids are pulsating, and feeling her pulse we notice the characteristic "trip-hammer" action that indicates aortic insufficiency.

This being the plainly indicated condition, we excuse ourselves for a few moments and read up on the symptoms, for as this is an absolutely certain diagnosis we do not wish to miss mentioning any of them. Returning we tell her of the dizziness and faintness that so often overcome her, the short breath, the palpitation and choky sensations, the pulsations in the different parts of her body, especially in the head; the disturbed sleep, precordial pain, melancholia and a dropsical condition more or less well marked, according to the degree noticed, and as she assents to them all we know that her faith is unbounded, and regret very much our inability to offer her the hope of cure she so earnestly desires.

Bright's disease is easily recognized by the peculiar waxy condition of the skin, the anemia, puffiness of the face and eyelids, the debility and the urine test.

Anemia in its various forms also becomes a certain guide to diagnosis. The anemic young girl is not generally emaciated, but often just the opposite, while the multipara with leucorrhea and an excessive menstrual flow presents an emaciated, haggard, listless appearance, tissues transparent, pulse weak and frequent, flesh soft and flabby.

With all forms of anemia it is safe to name digestive disturbances, dizziness, weakness, palpitation and dyspnea as general symptoms, with any special ones that may be apparent to the observer.

Thus it will be seen that there is nothing magical, nothing mysterious, connected with the practice of telling patients their ailments without asking any questions bearing directly on their disease. Many diseases and abnormal conditions can, of course, be diagnosed on sight, such as skin diseases, tumors, goitre, hernia, varicocele, hemorrhoids, etc., and having some of these as a guide, symptoms dependent on them are readily brought to mind.

CHAPTER X.

DOES AN ADVERTISING PRACTICE PAY?

IT is safe to assume that to the majority of physicians, at some time during their professional career, there comes the thought, "Shall I advertise?" This is especially true among those who have been unsuccessful in developing a lucrative practice, or when the work has been exceptionally strenuous during the best years of life.

When this thought occurs, the success of certain established advertising specialists naturally comes to mind, and the average physician believes that were he similarly situated he would be happy, yet overlooks the fact that many thousands of dollars are lost annually by men who follow their inclination and embark in that uncertain field.

It is folly to imagine that a financially successful business can be secured by advertising alone, as many other conditions enter into such a possibility. Location of offices, trade conditions, competition, the office management, personality of the consultants and an absolute knowledge of the manner in

which such a business must be conducted in order to succeed, are some of them.

Comparatively few of the profession have the opportunity to ascertain the princely incomes some of the prominent advertisers enjoy, neither can they estimate with any degree of accuracy the amount of money they expend in advertising. Very often the net result would be considered extremely disappointing to those who consider themselves even poorly paid for their constant labors in behalf of their clientele.

That the personality of the consultant and business management of an office contribute largely to its success or failure is well illustrated by the course of events which followed a change of ownership in this city.

Under the management of those who established the business the income averaged over eighteen hundred dollars monthly for several years, but with its transfer to another presumably well-qualified man the income began to show a decrease each month, and within a year the office was closed.

This failure was attributed solely to a change in the manner of advertising. The former management had always used the same style of display and the public had become accustomed to it in that form.

The new management, wishing to follow original ideas which they considered an improvement over the old, radically changed the appearance of the advertisements, and as a result their effect was lost.

Several years ago two medical men possessing good business ability and sufficient medical knowledge to treat their patients properly opened an office on a well-known street in this city, at a monthly rental of one hundred and twenty-five dollars. They had made a success in New York, where their office was still maintained, and reasoned that as their methods proved successful in New York the same could be expected in Philadelphia.

Their offices were elegantly furnished and they invested in printer's ink to the extent of six hundred dollars per month in the local and suburban papers, yet after a fifteen months' experiment they were compelled to abandon the project at a loss of over ten thousand dollars.

A prominent and one of the oldest advertising specialists of this city, one who has been exceptionally successful financially during the years he has been established, his monthly income often exceeding the average physician's yearly earnings, recently advised one who sought his advice, against entering the advertising field.

It was done in a perfectly friendly manner, without thought of competition, as he will retire before many years shall elapse, and cited the many failures that have occurred in this city during the past twenty years, naming instances where at least twenty-five thousand dollars was lost in a short time in the effort to develop a lucrative business. He deplored the fact that during late years the business has been very uncertain, a constant worry and a decided menace to health and contentment.

The majority of advertising specialists agree that the business is overworked, that the public is becoming more and more educated to the fact that many of the advertisements are deceptive and show no regard for the truth, and that the statement made in a paid advertisement that a certain physician is skilful, honest and learned does not by any means make him so.

The attitude of the newspapers and high-class magazines toward the advertising medical specialist is also a matter that must be considered, as many of the better grade of daily papers and popular magazines will not accept advertising of this nature, and when sexual matters are more or less boldly referred to, the "yellowest" journals are not anxious to carry the advertisements. Papers that still admit

this class of advertising charge a rate that is almost prohibitive, knowing that, although "it comes high, they must have it."

In this city the large dailies that admit medical advertising (some of them do not) charge from four to seven dollars per inch of space, single column, each insertion; rates that make a broker's capital necessary in order to carry on a year's campaign of advertising, with less than an even chance of ultimate success.

When such facts as these are considered it becomes evident that the field of the legitimate or ethical form of specializing is the most desirable and the most certain of success. A splendid special practice can be developed in any town or even in the country districts by adopting certain lines of work and becoming proficient in them. The public will soon recognize merit, no matter in what form it may be presented. "Genius, though its tent be pitched in a wilderness, will soon find a path beaten to its door," is an old saw that contains considerable truth.

Having selected one or more suitable specialties, according to inclination, proper preparation, careful attention to details and a conscientious effort to do for patients exactly what the physician knows ought

to be done, will be productive of good results, results that will build a reputation and lead to a constantly increasing practice.

Have no fear that the public will fail to recognize your ability, for it is true that we are seldom underestimated by the majority of our clientele, and it might be said perhaps that if we were in all respects as competent and skilful as our friends insist we are, we would all experience a decided improvement.

CHAPTER XI.

PLACING THE RESPONSIBILITY.

FROM time immemorial, or at least ever since medicine has been wrested from the empiricism in which it was enthralled in the early days, there has been a continual conflict between the regular and the irregular practitioner.

While great strides have been made in practically every department of medicine, the percentage of cures has never been raised to a satisfactory point, and even now, in these twentieth century days, taken as a whole, there is a large, a very large, portion of humanity walking our streets and filling our hospitals afflicted with what we are pleased to call incurable diseases.

This condition of affairs has existed since a "time when the memory of man runneth not to the contrary." In Job 13: 4 we read, "But ye are forgers of lies, ye are all physicians of no value." Whether the former portion of this verse is intended as an emphasis on the latter is not clear, but it is without doubt conclusive evidence that the unsuccessful physician, even at that early day, was held in contempt by the righteous man who dwelt in the land of Uz. In Mark 5: 26 we are told of the woman who had

an issue of blood twelve years, "And had suffered many things of many physicians, and had spent all she had, and was nothing bettered, but rather grew worse." This was probably menorrhagia, and her experience compares very closely with many of the unfortunate women of the present day, who are kept poor by reason of their trust in physicians who are liberal with promises, but exacting in their fees.

Any one who has investigated the business of advertising specialists knows that it is true that ninety per cent. and more of the patients treated by them do not consult them primarily, but as a rule only after they have been mistreated, maltreated or trifled with by some member of the regular profession.

While it is true that diseases of men constitute the foundation upon which the advertiser's business rests, it must not be forgotten that many of them have learned to treat this class of patients successfully, and through their influence many others who are dissatisfied with their medical attendant are induced to give the specialist a trial. In this manner a varied practice is obtained and a business developed that is financially profitable, and which results in a fair percentage of benefited and cured patients.

Let no one imagine that all advertising specialists

are dishonest and incompetent. A more or less general impression of this character seems to prevail. Having studied human nature, they have profited by their observations and make an honest effort to please their patrons by extending sympathy, being courteous and showing an evident interest in their material welfare.

Many physicians seem to forget how close the sexual system lies to the brain of the average mortal. When a man makes up his mind that he needs treatment for some derangement of his procreative organs, he has usually reached this conclusion after a more or less extended period of thought, and a few words of advice will not suffice to change his opinion, neither will he appreciate being ridiculed.

Some doctors are inclined to treat patients infected with venereal diseases with jokes and promises, telling them that sporting blood is bound to flow, and that every one needs to have his eye-teeth cut before he becomes a full-fledged man, and similar senseless and unprofessional statements. The effect of such methods may not immediately be apparent to the physician, but if persisted in will sooner or later render occasions for their employment rare. The average victim of some secret disease does not appreciate being twitted about his

condition, and resents anything of the sort, whether he expresses it at once or not.

Other physicians have allowed themselves to become so narrow in their views that unless they can cut or mutilate every person who consults them, they refuse point-blank to treat the patient, forgetting that surgery should be considered as a means of last resort, and then only employed when the chance for improvement is better than the chance for damage and the indication for the knife clear.

The advertiser seldom operates, and takes pains to cause the impression to become general that he cures without surgery, and assures the patient that the proper medicines will produce the desired result. This is, of course, not always true, but it gives the doctor an opportunity to try his skill, if he has any, collecting a good fee in the meantime, knowing that should medicines fail, surgery may still be employed, and if so, the patient is advised to consult a surgeon. Many patients are thus often injured by allowing valuable time to pass without proper attention, and if surgery is unsuccessful the operator is customarily censured. This is the penalty which the regular profession pays for its neglect. It acts as a boomerang and brings the corpse to the door of the regular practitioner.

CHAPTER XII.

THE REMEDY.

The remedy for this complicated condition is obvious. It is not legislation, however simple this might appear to those who have but skimmed the surface and have never recognized the underlying cause of it all. Medical societies may condemn, public prints may raise the barriers high, altruistic writers may educate the people and endeavor to mold public opinion, but the problem will remain unsolved until the regular profession recognizes conditions as they now exist and always have existed.

The human race has ever been prone to wander from the fundamental rules of right living, and as a result we have pathological conditions that bear a direct relation to the rule which was violated.

Whether the abnormal condition be organic, functional or a deranged mental state, the latter depending either on a real or imaginary cause, its victim has the unquestioned right to hope for recovery. He does not expect to obtain this boon from the

merchant, the manufacturer or the mechanic, but has been taught to seek aid at the hands of the physician, and furthermore, does not expect to receive it without cost, but is willing to pay any fee within his means to the one who will make an effort to bring about a realization of his heart's desire.

This brings the matter squarely to the medical profession, and a humane, intelligent and skilful application of the knowledge that is held within it will forever solve this continually discussed and ever-recurrent problem.

Treat the patient; extend that sympathy which the sick value so highly; be honest with yourself and to those who express their confidence in you by seeking your advice and services; have confidence in yourself, but be sure there is a good reason for it; convince yourself that you can do what others do successfully, and demand proof; assume that every patient you treat implies a contract which must enlist your very best service, and remember that the patient is the contractor. Treat the patient, treat him right, treat him square. Do this and there will be no occasion for any other remedy.

CONTENTS.

Foreword 3

Introductory 5

Chapter I. The Advertising Specialist..... 11

Chapter II. Booking the Case..... 21

Chapter III. The Advertising Specialist's Guarantee 29

Chapter IV. A Typical Interview..... 47

Chapter V. Confirming a Diagnosis..... 61

Chapter VI. Holding the Patient..... 69

Chapter VII. Stock Arguments..... 75

Chapter VIII. The Impossible and Miraculous Explained 81

Chapter IX. Observation in Diagnosis..... 89

Chapter X. Does an Advertising Practice Pay? 99

Chapter XI. Placing the Responsibility..... 105

Chapter XII. The Remedy..... 109

THE GENERAL PRACTITIONER AS A SPECIALIST

BY J. D. ALBRIGHT, M.D.

A Practical Treatise Devoted to the Consideration of Specialties for the General Practitioner.

The Original, Most Complete and Only Work of its Kind Ever Offered to the Medical Profession. Indispensable as a Guide to Legitimate Medical Specialism.

CONTENTS

Rectal Diseases—The Treatment of Hemorrhoids by Injection, and all other non-malignant diseases of the recto-anal region, by non-surgical methods.

Inguinal Hernia—Its Successful Treatment by the Injection Method.

Cancer—The Treatment of Superficial Cancer by Local Applications.

Drug Habits and Inebriety; Goitre; Non-Surgical Gynecology; Hydrocele; Varicocele; Solvent Treatment of Stricture and a New Method of Treating Diseases of the Male Urethra.

Illustrated with original photographs taken expressly for this work. Bound in cloth. nearly 400 pages, Price $3.00, prepaid to any address.

Albright's Office Practitioner

A Monthly Medical Magazine Devoted to the Development and Improvement of Office Practice.

Subscription Price, $1.00 Yearly; Specimen Copy Free.
Canadian Subscriptions, $1.25; Foreign, $1.50

For further Information address

J. D. ALBRIGHT, M.D., 3228 N. Broad Street, Philadelphia, U. S. A.